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Form Type = "WATER SWRO"

CODE128 type barcode

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CODE128 type barcode

Program	
None	
VPDES GP CAFO	
VPDES Car Wash	
VPDES Concrete	
VPDES Dom Sewerage	
VPDES GP NMMM	
	VPDES GP Petroleum
	VPDES SW Industrial
	VPDES GP Water Treatment
	VPDES IP CAFO
	VPDES Individual
	Other:

Case ID: VA0089443

Keywords:

Retention Schedule: 440-005

Functional Activity: P C

006001 - Permanent	
Application	
Correspondence - DEQ, Source, Other	
Discharge Permit	
Facility Closure Plan (Industrial)	
Fact Sheet	
Permit Termination	
GP Registration Statement	
No Exposure Registration	
Concept Engineering Report - Industrial	
Other:	

009544 - Confidential - 12 years	
Confidential Record/Report	

008682 Reports - 10 Years	
Infiltration and Inflow Study	
Other:	

008685 - Superseded O&M for STP	

008686 - Preliminary Engineering Report	
Other:	

008689 - Plan & Spec Certificate (CTC)	

008692 - Certificate to Operate (CTO)	

008693 - Operations & Maintenance Pump Station	

008694 - Facility Closure Plan Approval Letter	

009540 - Pretreatment - Superseded	
Legal Authority (SUO)	
Program Procedures	
Other:	

009541 - Pretreatment - 12 Years	
Inspection Technical	
Permit (IU)	
Pretreatment Annual Report (Perf Summary)	
Pretreatment Significant Discharger Survey	
Pretreatment Program Annual Audit Report	
Tax Exemption Certification Letter	
Other:	

006002 - 12 Year Retention	
Correspondence DEQ, Source, Other	
DMR Associated Information	
DMR	
Lab Sheet	
Land Application Report	
NOV	
Nutrient Management Plan	
Photo/Diagram/Map/Video	
Tax Exemption Request and Certification Letter	
TMP Data/Reports/Reviews	
Warning Letter	
Other:	

009542 - Manuals - Superseded	
Best Management Practices Plan	
Ground Water Monitoring Plan	
Land Application Plan	
O&M Manuals - Industrial	
Sludge Management Plan	
Storm Water Pollution Prevention Plan	

Scanning Index
APR 05 2009

TOWN OF HILLSVILLE

P.O. Box 545
410 N. Main St.
Hillsville, Virginia 24343

Website: www.townofhillsville.com
E-mail: hillsville@townofhillsville.com

Historic District 2001
Telephone: 276-728-2128
Fax: 276-728-9371

March 25, 2016

RECEIVED
APR 04 2016
DEQ SWRO

Mr. Fred Wyatt
Department of Environmental Quality
Southwest Regional Office
355-A Deadmore Street
Abingdon, VA 24210

Re: Reissuance of VPDES Permit No. VA0089443

Dear Fred,

Please find the permit application for the reissuance of VPDES Permit No. VA0089443 Hillsville Wastewater Treatment Plant enclosed. Please contact me should you have any questions or need additional information.

Sincerely,

Darrick Mayes
Darrick Mayes
Town of Hillsville

Cc: Retta Jackson, Town Manager
File

VPDES PERMIT APPLICATION ADDENDUM

1. Entity to whom the permit is to be issued: Town of Hillsville

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Is this facility located within city or town boundaries? YES

3. Provide the tax map parcel number for the land where the discharge is located. 52 (A) 7

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? N/A

5. What is the design average effluent flow of this facility? 1.25 MGD

For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? NO

If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. Nature of operations generating wastewater:

Domestic and non-domestic connections

85% of flow from domestic connections/sources

Number of private residences to be served by the treatment works: _____

15% of flow from non-domestic connections/sources

7. Mode of discharge: X Continuous Intermittent Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

 X Permanent stream, never dry

 Intermittent stream, usually flowing, sometimes dry

 Ephemeral stream, wet-weather flow, often dry

 Effluent-dependent stream, usually or always dry without effluent flow

 Lake or pond at or below the discharge point

 Other: _____

9. Approval Date(s):

O & M Manual 1/10/01 **Sludge/Solids Management Plan** 1/10/01

Have there been any changes in your operations or procedures since the above approval dates? NO

**VIRGINIA DEQ NO EXPOSURE CERTIFICATION
FOR EXCLUSION FROM VPDES INDUSTRIAL ACTIVITY STORMWATER PERMITTING**

Submission of this **No Exposure Certification** constitutes notice that the entity identified below does not require permit authorization for its stormwater discharges associated with industrial activity under the VPDES Permit Program due to the existence of a condition of **No Exposure**.

A condition of **No Exposure** exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in stormwater discharges (e.g., rock salt).

A No Exposure Certification must be provided for each facility qualifying for the No Exposure exclusion. In addition, the exclusion from VPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the No Exposure exclusion.

By signing and submitting this No Exposure Certification form, the entity below is certifying that a condition of No Exposure exists at its facility or site, and is obligated to comply with the terms and conditions at [9VAC25-31-120 E](#) (the VPDES Permit Regulation).

Please Type or Print All Information. ALL INFORMATION ON THIS FORM MUST BE PROVIDED.

1. Facility Operator Information

Name: Town of Hillsville

Mailing Address: P.O. Box 545

City: Hillsville

State: VA

Zip: 24343

Phone: (276) 728-5533

2. Facility/Site Location Information

Facility Name: Town of Hillsville WWTP

Address: 450 Cross Creek Road

City: Hillsville

State: VA

Zip: 24343

County Name: Carroll

Latitude: 36°47' 13"

Longitude: 80°44' 32"

- 3. Was the facility or site previously covered under a VPDES stormwater permit?** Yes ☐ No ☒

If "Yes", enter the VPDES permit number: _____

- 4. SIC/Activity Codes:** Primary: 4952 Secondary (if applicable): _____

- 5. Total size of facility/site associated with industrial activity:** 3.5 ± acres

- 6. Have you paved or roofed over a formerly exposed pervious area in order to qualify for the No Exposure exclusion?** Yes ☐ No ☒

If "Yes", please indicate approximately how much area was paved or roofed. Completing this question does not disqualify you for the No Exposure exclusion. However, DEQ may use this information in considering whether stormwater discharges from your site are likely to have an adverse impact on water quality, in which case you could be required to obtain permit coverage.

Less than one acre ☐

One to five acres ☐

More than five acres ☐

7. Exposure Checklist

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? (Please check either "Yes" or "No" in the appropriate box.) **If you answer "Yes" to any of these questions (1) through (11), you are NOT eligible for the No Exposure exclusion.**

	Yes	No
(1) Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to stormwater	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Materials or residuals on the ground or in stormwater inlets from spill/leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Materials or products from past industrial activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Material handling equipment (except adequately maintained vehicles)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5) Materials or products during loading/unloading or transporting activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(6) Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to stormwater does not result in the discharge of pollutants)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(7) Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(8) Materials or products handled/stored on roads or railways owned or maintained by the discharger	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(9) Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(10) Application or disposal of process wastewater (unless otherwise permitted)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(11) Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the stormwater outflow	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8. Certification Statement

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of no exposure and obtaining an exclusion from VPDES stormwater permitting; and that there are no discharges of stormwater contaminated by exposure to industrial activities or materials from the industrial facility identified in this document (except as allowed under [9VAC25-31-120 E 2](#)).

I understand that I am obligated to submit a No Exposure Certification form once every five years to the Department of Environmental Quality and, if requested, to the operator of the local MS4 into which this facility discharges (where applicable). I understand that I must allow the Department, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under a VPDES permit prior to any point source discharge of stormwater associated with industrial activity from the facility.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: Retta Jackson

Print Title: Town Manager

Email Address: utilities@townofhillsville.com

Signature: 

Date: 3/1/2016

For Department of Environmental Quality Use Only

Accepted/Not Accepted by: _____ Date: _____

Instructions for the NO EXPOSURE CERTIFICATION For Exclusion from VPDES Stormwater Permitting

Who May File a No Exposure Certification

In accordance with the Clean Water Act and the State Water Control Law, all industrial facilities that discharge stormwater associated with industrial activity (as defined at [9VAC25-31-10](#)) must apply for coverage under a VPDES permit. However, permit coverage is not required for industrial activity stormwater discharges from a facility if the discharger can certify that a condition of "no exposure" exists at the facility or site.

Obtaining and Maintaining the No Exposure Exclusion

This form is used to certify that a condition of no exposure exists at the industrial facility or site described herein. This certification must be re-submitted at least **once every five years**.

The industrial facility operator must maintain a condition of no exposure at the facility or site in order for the no exposure exclusion to remain applicable. If conditions change resulting in the exposure of materials and/or activities to stormwater, the facility operator must immediately obtain coverage under a VPDES stormwater permit.

Where To File The No Exposure Certification

Submit the completed No Exposure Certification form with original signature to the DEQ Regional Office that serves the area where your facility is located. DEQ Regional Office addresses can be obtained from DEQ's website at <http://www.deq.virginia.gov/Locations.aspx>, or by calling DEQ at (804) 698-4000.

Completing The Form

Please type or print all information. ALL INFORMATION ON THE FORM MUST BE PROVIDED. One form must be completed for each facility or site for which you are seeking to certify a condition of no exposure.

Section 1 Facility Operator Information

Give the legal name (no nicknames or colloquial names) of the person, firm, public organization, or any other entity that operates the facility or site described in this certification. The name of the operator may or may not be the same as the name of the facility. The operator is the legal entity that controls the facility's operation, rather than the plant or site manager. Enter the complete address and telephone number of the operator.

Section 2 Facility Location Information

Enter the facility's official or legal name and complete street address. Also enter the county name and the latitude and longitude of the approximate center of the facility in degrees/minutes/seconds to the nearest 15 seconds.

Section 3 Previous VPDES Permit Coverage

Indicate whether the facility was previously covered under a VPDES stormwater permit. If so, include the permit number.

Section 4 Standard Industrial Classification Codes

Enter the 4-digit SIC code which identifies the facility's primary activity, and second 4-digit SIC code identifying the facility's secondary activity, if applicable. SIC codes can be obtained from: <http://www.naics.com/sic-codes-industry-drilldown/>.

Section 5 Facility Industrial Activity Area

Enter the total size of the site associated with industrial activity in acres.

Section 6 Formerly Exposed Pervious Area

Indicate whether you have paved or roofed over a formerly exposed, pervious area (i.e., lawn, meadow, dirt or gravel road/parking lot) in order to qualify for no exposure. If "Yes", also indicate approximately how much area was paved or roofed over and is now impervious area.

Section 7 Exposure Checklist

Check "Yes" or "No" as appropriate to describe the exposure conditions at your facility. If you answer "Yes" to **ANY** of the questions (1) through (11) in this section, a potential for exposure exists at your site and you cannot certify to a condition of no exposure. You must obtain (or already have) coverage under a VPDES stormwater permit. After obtaining permit coverage, you can institute modifications to eliminate the potential for a discharge of stormwater exposed to industrial activity, and then certify to a condition of no exposure.

Section 8 Certification

State statutes provide for severe penalties for submitting false information on this application form. State regulations require this No Exposure Certification to be signed as follows:

For a corporation: by a responsible corporate officer, which means: (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor; or

For a municipality, State, Federal, or other public facility: by either a principal executive or ranking elected official.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 – Sludge Disposal Management (To be completed by all facilities)

Facility Name: Hillsville Wastewater Plant **VPDES Permit No:** VA0089443

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending? ☐ Yes ☒ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name _____

b. Receiving Facility VPDES Permit No. _____

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge _____

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill? ☒ Yes ☐ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name Carroll-Grayson-Galax Solid Waste Authority

b. Landfill Permit No. 605

c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator? ☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? ☐ Yes ☐ No

If yes, provide the Air Registration No. _____

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name _____

c. Air Registration No. _____

d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2. ☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk? ☐ Yes ☐ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the VDACS certification number? _____ ☐ Yes ☐ No

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2. ☐ Yes ☒ No

Are Class B biosolids from your facility land applied land applied under the authorization of this VPDES Permit? If yes, complete Part 3. ☐ Yes ☐ No

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit? ☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name _____ b. Permit No. _____

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of VAC 25-31-530.F.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☐ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9 VAC25-31-710.A.3. through A.8 or Class B pathogen requirements in 9VAC25-31-710.B.1. through B.4.? ☐ Yes ☐ No

Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____

3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720.B.1. through 10? ☐ Yes ☐ No

Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. _____

4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540.B? ☐ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S. U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☐ Yes ☐ No

If no, provide the data with this application.

Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100.P.9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No
- If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No
- If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
- a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
 - b. A description of the transport vehicles to be used.
 - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
 - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
 - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
 - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title Retta Jackson Town Manager

Signature _____

Telephone number / Email (276) 728-2128

/utilities@townofhillsville.com

Date signed 3/1/16

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)

CARROLL-GRAYSON-GALAX SOLID WASTE AUTHORITY

225 Landfill Road, P.O. Box 1837

Hillsville, VA 24343

Phone: (276) 728-4907

Fax: (276) 728-7453

January 21, 2016

Town of Hillsville

P.O. Box 545

Hillsville, VA 24333

Attn: Darrick Mayes

Utilities Director

The Carroll-Grayson-Galax Solid Waste Authority agrees to accept sludge, for disposal, from the Town of Hillsville Wastewater Treatment Plant in accordance with the approved Town of Hillsville Sludge Disposal Plan at no charge.

The landfills current operating cell permit number is 605.

Sincerely,

A handwritten signature in cursive script that reads "Allen Lawson".

Allen Lawson

Landfill Manager

AL/kcb

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

FORM

2A

NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

RECEIVED

AUG 01 2016

DEQ SWRO

Form Approved 1/14/99
OMB Number 2040-0086

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information Packet.

A.1. Facility Information.

Facility Name Town of Hillsville Wastewater Treatment Plant

Mailing Address P.O. Box 545
Hillsville VA 24343

Contact Person Darrick Mayes

Title Utilities Director

Telephone Number (276) 728-5533

Facility Address 450 Cross Creek Road
(not P.O. Box) Hillsville VA 24343

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant Name Retta Jackson

Mailing Address P.O. Box 545
Hillsville, VA 24343

Contact Person Darrick Mayes

Title Utilities Director

Telephone Number (276) 728-5533

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility ☐ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0089443

PSD _____

UIC _____

Other _____

RCRA _____

Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Hillsville</u>	<u>2704</u>	<u>separate</u>	<u>municipal</u>
_____	_____	_____	_____
_____	_____	_____	_____

Total population served 2704

FACILITY NAME AND PERMIT NUMBER:

**Town of Hillsville Wastewater Treatment Plant
VA0089443**

Form Approved 1/14/99
OMB Number 2040-0086

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate 1.25 mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>.346</u>	<u>.354</u>	<u>.415</u>
c. Maximum daily flow rate	<u>1.207</u>	<u>1.193</u>	<u>.862</u>

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %
☐ Combined storm and sanitary sewer 0 %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1
ii. Discharges of untreated or partially treated effluent 0
iii. Combined sewer overflow points 0
iv. Constructed emergency overflows (prior to the headworks) 0
v. Other 0

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharge to surface impoundment(s) _____ mgd

Is discharge ☐ continuous or ☐ intermittent?

- c. Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☒ No

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter Name _____

Mailing Address _____

Contact Person _____

Title _____

Telephone Number (____) _____

For each treatment works that receives this discharge, provide the following:

Name _____

Mailing Address _____

Contact Person _____

Title _____

Telephone Number (____) _____

If known, provide the NPDES permit number of the treatment works that receives this discharge _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection): ☐ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed by this method: _____

Is disposal through this method ☐ continuous or ☐ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Hillsville 24343
(City or town, if applicable) (Zip Code)
Carroll Virginia
(County) (State)
36° 47' 13" 80° 44' 52"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) n/a ft.
- d. Depth below surface (if applicable) n/a ft.
- e. Average daily flow rate .354 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?
☐ Yes ☒ No (go to A.9.g.)
If yes, provide the following information:
Number of times per year discharge occurs: _____
Average duration of each discharge: _____
Average flow per discharge: _____ mgd
Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Little Reed Island Creek
- b. Name of watershed (if known) VA5-N15R
United States Soil Conservation Service 14-digit watershed code (if known): n/a
- c. Name of State Management/River Basin (if known): New River
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 05050001
- d. Critical low flow of receiving stream (if applicable)
acute n/a cfs chronic n/a cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): n/a mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment

- a. What levels of treatment are provided? Check all that apply.
- ☒ Primary ☒ Secondary
- ☐ Advanced ☐ Other. Describe: _____
- b. Indicate the following removal rates (as applicable):
- | | | |
|--|------------|---|
| Design BOD5 removal <u>or</u> Design CBOD5 removal | <u>95</u> | % |
| Design SS removal | <u>95</u> | % |
| Design P removal | <u>n/a</u> | % |
| Design N removal | <u>n/a</u> | % |
| Other _____ | <u>n/a</u> | % |
- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:
- Ultraviolet light
- If disinfection is by chlorination is dechlorination used for this outfall? ☐ Yes ☐ No
- d. Does the treatment plant have post aeration? ☒ Yes ☐ No

A.12 Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: **001**

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.0	s.u.			
pH (Maximum)	7.4	s.u.			
Flow Rate	.995	Mg/d	.380	Mg/d	31
Temperature (Winter)	9	C	6	C	31
Temperature (Summer)	23	C	20	C	31

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	CBOD5	6	mg/l	<5	mg/l	13	SM5210B (2011)	5 mg/l
FECAL COLIFORM		17	n/cml	9	n/cml	13	Hach 10029 (1999)	1 n/cml

TOTAL SUSPENDED SOLIDS (TSS)	22	mg/l	4	mg/l	13	SM 2540 (2011)	1 mg/l
END OF PART A. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE							

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

25,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Currently smoke testing sewer lines, utilizing a sewer meter to monitor flows in the collection system, and inspecting lines with a sewer camera.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within $\frac{1}{4}$ mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where the hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: (____) _____

Responsibilities of Contractor: _____

B.5. Scheduled improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.) None

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
 OMB Number 2040-0086

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY
- Begin Construction	<u> / / </u>	<u> / / </u>
- End Construction	<u> / / </u>	<u> / / </u>
- Begin Discharge	<u> / / </u>	<u> / / </u>
- Attain Operational Level	<u> / / </u>	<u> / / </u>

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide effluent testing for the following listed parameters and those required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum effluent testing data must be based on at least three pollutant scans, preferably represent several seasons, and must be no more than four and on-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS							
AMMONIA (as N)	.11	mg/l	<.10	mg/l	15	SM 4500D (2011)	.10 mg/l
CHLORINE (TOTAL RESIDUAL, TRC)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
DISSOLVED OXYGEN	11.4	mg/l	9.1	mg/l	31	SM 4500-O-G	0.1 mg/l
TOTAL KJELDAHL NITROGEN (TKN)	2.61	mg/l	2.3	mg/l	3	SM4500 n-org D	0.1 mg/l
NITRATE PLUS NITRITE NITROGEN	21.7	mg/l	14.5	mg/l	3	SM 4500-N org3(2011)	0.1 mg/l
OIL and GREASE	2.0	mg/l	1.57	mg/l	3	EPA 1664A	1.4 mg/l
PHOSPHORUS (Total)	2.77	mg/l	3.37	mg/l	3	SM 4500 PE (2011)	0.1 mg/l
TOTAL DISSOLVED SOLIDS (TDS)	3.53	mg/l	3.39	mg/l	3	SM 2540 C (2011)	1 mg/l
OTHER	n/a	n/a	n/a	n/a	n/a	n/a	n/a

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☒ Part D (Expanded Effluent Testing Data)

☒ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Retta Jackson Town Manager

Signature 

Telephone number (276) 728-2128

Date signed 3/25/2016

Upon request of the permitting authority, you must submit any other information necessary to assure wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	<.010	mg/l							3	EPA 200.7	.010
ARSENIC	<.010	mg/l							3	EPA 200.7	.010
BERYLLIUM	<.001	mg/L							3	EPA 200.7	.001
CADMIUM	<.002	mg/l							3	EPA 200.7	.002
CHROMIUM	<.005	mg/l							3	EPA 200.7	.005
COPPER	.019	mg/l			.015	mg/l			3	EPA 200.7	.005
LEAD	<.006	mg/l							3	EPA 200.7	.006
MERCURY	<.0002	mg/l							3	EPA 245.1	.0002
NICKEL	.005	mg/l							3	EPA 200.7	.005
SELENIUM	<.01	mg/l							3	EPA 200.7	.010
SILVER	<.005	mg/l							3	EPA 200.7	.005
THALLIUM	<.02	mg/l							3	EPA 200.7	.020
ZINC	.065	mg/l			.055	mg/l			3	EPA 200.7	.005
CYANIDE	<.005	mg/l							3	EPA 335.2	.005
TOTAL PHENOLIC COMPOUNDS	.08	mg/l			.06	mg/l			3	EPA 420.1	.05
HARDNESS (AS CaCO3)	148	mg/l			134	mg/l			3	EPA 130.2	1
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer											

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
 OMB Number 2040-0086

Outfall number: **001**

(Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS											
ACROLEIN	<20.0	ug/l							3	EPA 624	20.0
ACRYLONITRILE	<20.0	ug/l							3	EPA 624	20.0
BENZENE	<1.00	ug/l							3	EPA 624	1.0
BROMOFORM	<1.00	ug/l							3	EPA 624	1.0
CARBON TETRACHLORIDE	<1.00	ug/l							3	EPA 624	1.0
COLORBENZENE	<1.00	ug/l							3	EPA 624	1.0
CHLOROBIDBROMO-METHANE	<1.00	ug/l							3	EPA 624	1.0
CHLOROETHANE	<1.00	ug/l							3	EPA 624	1.0
2-CHLORO-ETHYLVINYL ETHER	<5.00	ug/l							3	EPA 624	5.0
CHOLOROFORM	<1.00	ug/l							3	EPA 624	1.0
DICHLOROBROMO-METHANE	<1.00	ug/l							3	EPA 624	1.0
1,1-DICHLOROETHANE	<1.00	ug/l							3	EPA 624	1.0
TRANS-1,2-DICHLORO-ETHYLENE	<1.00	ug/l							3	EPA 624	1.0
1,1-DICHLOROPROPANE	<1.00	ug/l							3	EPA 624	1.0
ETHYLBENZENE	<1.00	ug/l							3	EPA 624	1.0
METHYL BROMIDE	<1.00	ug/l							3	EPA 624	1.0
METHYL CHLORIDE	<10.0	ug/l							3	EPA 624	10.0
METHYLENE CHLORIDE	<10.0	ug/l							3	EPA 624	10.0
1,1,2,2-TETRACHLORO-ETHANE	<1.00	ug/l							3	EPA 624	1.0
TETRACHLORO-ETHYLENE	<1.00	ug/l							3	EPA 624	1.0
TOLUENE	<5.00	ug/l							3	EPA 624	5.0

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
 OMB Number 2040-0086

Outfall number: **001**

(Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	<1.00	ug/l							3	EPA 624	1.0
1,1,2-TRICHLOROETHANE	<1.00	ug/l							3	EPA 624	1.0
TRICHLOROETHYLENE	<1.00	ug/l							3	EPA 624	1.0
VINYL CHLORIDE	<1.00	ug/l							3	EPA 624	1.0

Use this space (or a separate sheet) to provide information on other metals requested by the permit writer

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ACID-EXTRACTABLE COMPOUNDS

P-CHLORO-M-CRESOL	<5.88	ug/l							3	EPA 625	10
2-CHLOROPHENOL	<5.88	ug/l							3	EPA 625	10
2,4-DIMETHYLPHENOL	<5.88	ug/l							3	EPA 625	10
4,6-DINITRO-O-CRESOL	<5.88	ug/l							3	EPA 625	10
2,4-DINITROPHENOL	<5.88	ug/l							3	EPA 625	10
2-NITROPHENOL	<5.88	ug/l							3	EPA 625	10
4-NITROPHENOL	<5.88	ug/l							3	EPA 625	10
PENTA CHLOROPHENOL	<5.88	ug/l							3	EPA 625	10
PHENOL	<5.88	ug/l							3	EPA 625	10
2,4,6-TRICHLORO PHENOL	<5.88	ug/l							3	EPA 625	10

Use this space (or a separate sheet) to provide information on other metals requested by the permit writer

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BASE-NEUTRAL COMPOUNDS

ACENAPHTHENE	<2.35	ug/l							3	EPA 625	10
ACENAPHTYLENE	<2.35	ug/l							3	EPA 625	10
ANTHRACENE	<2.35	ug/l							3	EPA 625	10
BENZIDINE	<2.35	ug/l							3	EPA 625	10
BENZO(A) ANTHRACENE	<2.35	ug/l							3	EPA 625	10
BENZO(A)PYRENE	<2.35	ug/l							3	EPA 625	10

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
 OMB Number 2040-0086

Outfall number: **001**

(Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	<2.35								3	EPA 625	10
BENZO(GHI)PERYLENE	<2.35								3	EPA 625	10
BENZO(K)FLUORANTHENE	<2.35								3	EPA 625	10
BIS (2-CHLOROETHOXY) METHANE	<5.88								3	EPA 625	10
BIS (2-CHLOROETHYL)-ETHER	<5.88								3	EPA 625	10
BIS (2-CHLOROISOPROPYL) ETHER	<5.88								3	EPA 625	10
BIS (2-ETHYLHEXYL) PHTHALATE	<11.8								3	EPA 625	10
4-BROMOPHENYL PHENYL ETHER	<5.88								3	EPA 625	10
BUTYL BENZYL PHTHALATE	<5.88								3	EPA 625	10
2-CHLORO NAPHTHALENE	<5.88								3	EPA 625	10
4-CHLOROPHENYL PHENYL ETHER	<5.88								3	EPA 625	10
CHRYSENE	<2.35								3	EPA 625	10
DI-N-BUTYL PHTHALATE	<5.88								3	EPA 625	10
DI-N-OCTYL PHTHALATE	<5.88								3	EPA 625	10
DIBENZO(A,H) ANTHRACENE	<5.88								3	EPA 625	10
1,2-DICHLORO BENZENE	<2.35								3	EPA 625	10
1,3-DICHLORO BENZENE	<5.88								3	EPA 625	10
1,4-DICHLORO BENZENE	<5.88								3	EPA 625	10
3,3-DICHLORO BENZIDINE	<5.88								3	EPA 625	10
DIETHYL PHTHALATE	<5.88								3	EPA 625	10
DIMETHYL PHTHALATE	<5.88								3	EPA 625	10
2,4-DINITROTOLUENE	<5.88								3	EPA 625	10
2,6-DINITROTOLUENE	<5.88								3	EPA 625	10
1,2-DIPHENYLADAZINE	<5.88								3	EPA 625	10

ON PREVIOUS PAGE

DIPHENYLHYDRAZINE											
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FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
 OMB Number 2040-0086

Outfall number: **001**

(Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	<2.35								3	EPA 625	10
FLUORENE	<2.35								3	EPA 625	10
HEXACHLORO BENZENE	<5.88								3	EPA 625	10
HEXACHLOROBUT ADIENE	<5.88								3	EPA 625	10
HEXACHLOROCYCLO-PENTADIENE	<5.88								3	EPA 625	10
HEXA CHLOROETHANE	<5.88								3	EPA 625	10
INDENO(1,2,3-CD) PYRENE	<2.35								3	EPA 625	10
ISOPHORONE	<5.88								3	EPA 625	10
NAPHTHALENE	<5.88								3	EPA 625	10
NITROBENZENE	<5.88								3	EPA 625	10
N-NITROSODI-N-PROPYLAMINE	<5.88								3	EPA 625	10
N-NITROSODI-METHYLAMINE	<5.88								3	EPA 625	10
N-NITROSODI-PHENYLAMINE	<11.8								3	EPA 625	10
PHENANTHRENE	<2.35								3	EPA 625	10
PYRENE	<2.35								3	EPA 625	10
1,2,4-TRICHLOROBENZENE	<5.88								3	EPA 625	10

Use this space (or a separate sheet) to provide information on other metals requested by the permit writer

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Use this space (or a separate sheet) to provide information on other metals requested by the permit writer

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END OF PART D.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

**Town of Hillsville Wastewater Treatment Plant
VA0089443**

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

☒ chronic ☐ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: _____ Test number: _____ Test number: _____

a. Test information.

Test Species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
Page number(s)			

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each.)

Before disinfection			
After disinfection			
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

Test number: _____		Test number: _____		Test number: _____	
e. Describe the point in the treatment process at which the sample was collected.					
Sample was collected:					
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both					
Chronic toxicity					
Acute toxicity					
g. Provide the type of test performed.					
Static					
Static-renewal					
Flow-through					
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.					
Laboratory water					
Receiving water					
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.					
Fresh water					
Salt water					
j. Give the percentage effluent used for all concentrations in the test series.					
100% effluent					
50% effluent					
25% effluent					
k. Parameters measured during the test. (State whether parameter meets test method specifications)					
pH					
Salinity					
Temperature					
Ammonia					
Dissolved oxygen					
l. Test Results.					
Acute:					
Percent survival in 100% effluent		%		%	
LC ₅₀					
95% C.I.		%		%	
Control percent survival		%		%	
Other (describe)					

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

Chronic:

NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?	/ /	/ /	/ /
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☒ No

If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: Submitted with previous Discharge Monitoring Reports/ / (MM/DD/YYYY)

Summary of results: (see instructions)

Results of the scheduled biomonitoring prove an absence of toxicity.

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete part F.

GENERAL INFORMATION:

F.1. Pretreatment program. Does the treatment works have, or is subject to, an approved pretreatment program?

☐ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. _____

b. Number of CIUs. _____

SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: _____

Mailing Address: _____

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____ continuous or _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____ continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☐ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☐ No

If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail or dedicated pipe?

☐ Yes ☐ No (go to F.12)

F.10 Waste transport. Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11 Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number

Amount

Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12 Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☐ No

F.13 Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14 Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary.)

F.15 Waste Treatment.

a. Is this waste treated (or will be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous

☐ Intermittent

If intermittent, describe discharge schedule.

END OF PART F.

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

- All CSO discharge points.
- Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1 or on a separate drawing, of the combined sewer collection system that includes the following information.

- Location of major sewer trunk lines, both combined and separate sanitary.
- Locations of points where separate sanitary sewers feed into the combined sewer system.
- Locations of in-line and off-line storage structures.
- Locations of flow-regulating devices.
- Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3 Description of Outfall.

- Outfall number _____
- Location _____
(city or town, if applicable) (Zip Code) _____
(County) (State) _____
(Latitude) (Longitude) _____
- Distance from shore (if applicable) _____ ft.
- Depth below surface (if applicable) _____ ft.
- Which of the following were monitored during the last year for this CSO?
☐ Rainfall ☐ CSO pollutant concentrations ☐ CSO frequency
☐ CSO flow volume ☐ Receiving water quality
- How many storm events were monitored during the last year? _____

G.4. CSO Events.

- Give the number of CSO events in the last year.
_____ events (☐ actual or ☐ approx.)
- Give the average duration per CSO event.
_____ hours (☐ actual or ☐ approx.)

FACILITY NAME AND PERMIT NUMBER:

Town of Hillsville Wastewater Treatment Plant
VA0089443

Form Approved 1/14/99
OMB Number 2040-0086

- c. Give the average volume per CSO event.
_____ million gallons (☐ actual or ☐ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year
_____ Inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: _____
- b. Name of watershed/river/stream system: _____
United State Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin: _____
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

END OF PART G.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

Additional information, if provided, will appear on the following pages.

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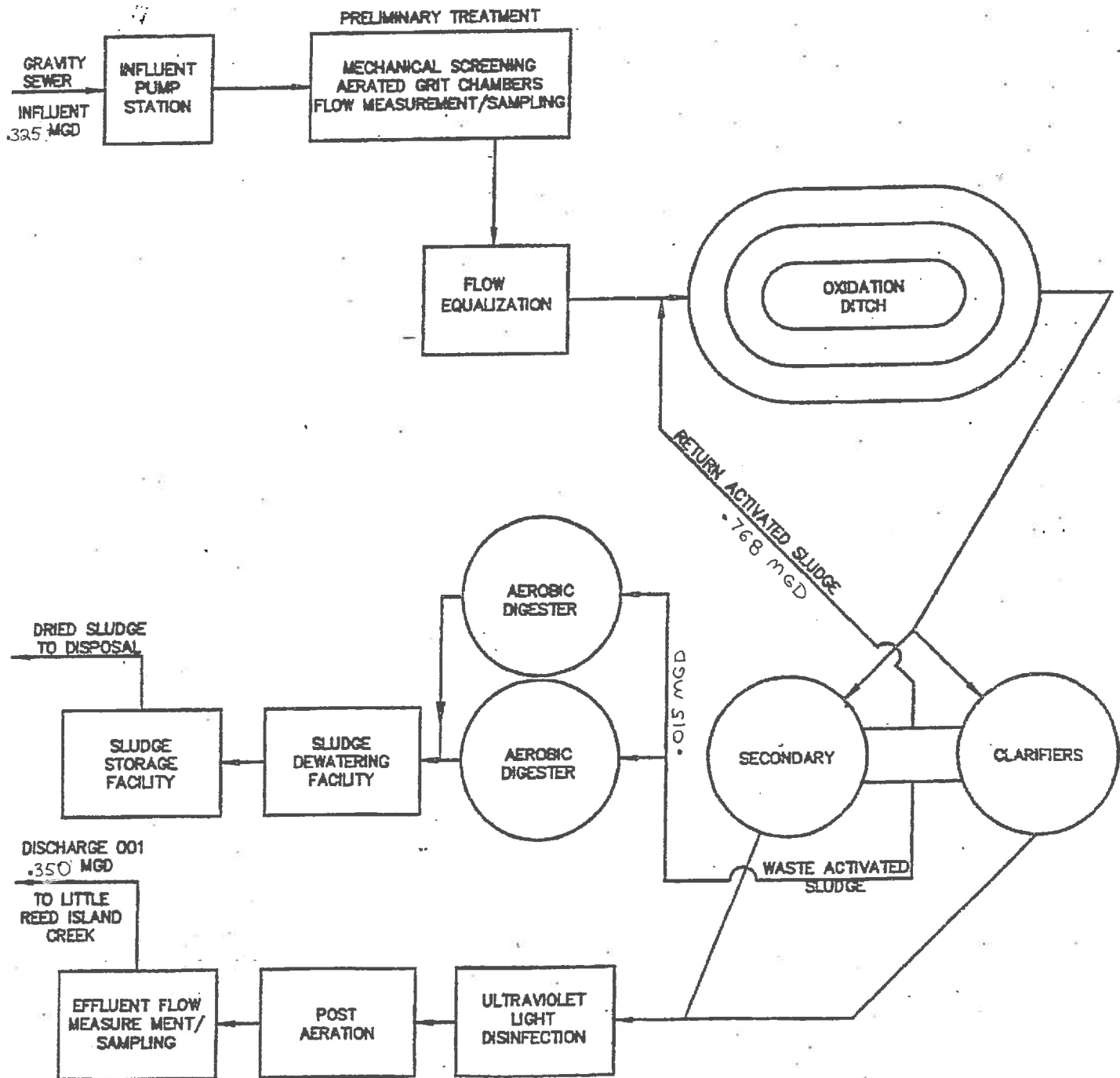
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SCHEMATIC OF WASTEWATER FLOW
TOWN OF HILLSVILLE WASTEWATER TREATMENT PLANT
HILLSVILLE, VIRGINIA
DISCHARGE SERIAL NO. 001

DESIGNED BY CSC
DRAWN BY JAG

SCALE
N.T.S.
DATE .

PREPARED FOR
EXHIBIT II
TOWN OF HILLSVILLE WWTP

Thompson
+Litt

3427

BIOLOGICAL MONITORING, INC.

1800 Kraft Drive, Suite 101 • Blacksburg, VA 24060
Tel 540-953-2821 • Fax 540-951-1481 • Toll Free 877-CLENWTR
www.biomon.com

August 30, 2012

Mr. Todd Jennings
Town of Hillsville
450 Cross Creek Road
Hillsville, VA 24343

Dear Mr. Jennings:

Enclosed are the results of the toxicity tests which Biological Monitoring, Inc. (BMI) recently performed for Town of Hillsville. The following table summarizes the results:


SAMPLE	TEST	RESULTS		Pass/Fail*	Next Step (if any)
		Survival	Reproduction/ Growth		
Outfall 001	STC Cd	NOEC = 100% LOEC = >100% TUc = 1.0 48h LC50 > 100%	NOEC = 100% LOEC = >100% TUc = 1.0 IC25 = >100%	Pass	N/A
	STC Pp	NOEC = 54.5% LOEC = 100% TUc = 1.83 LC50 > 100%	NOEC = 100% LOEC = >100% TUc = 1 IC25 = >100%	Pass	N/A

* Pass = Test results were likely in compliance with your NPDES permit requirements. To confirm, please refer to your permit.

* Fail = Test results may not be in compliance with your NPDES permit requirements. To confirm, please refer to your permit. It may be prudent and/or required to repeat a failed test within 30 days.

BMI thanks you for the opportunity to provide your group with our services.

Sincerely,



Jordan Margason
Laboratory Manager

enc: as stated

BIOLOGICAL MONITORING, INC.

1800 KRAFT DRIVE SUITE 104 BLACKSBURG VIRGINIA 24060
PH: 540-953-2821 FAX: 540-951-1481 WWW.BIOMON.COM

 NELAC ACCREDITED LAB # 460015

Toxicity Testing Data Summary

Client	Hillsville	Permit #	VA0089443	Sample	001
Test ID	HIL061813-1	Result	NOEC=100, IC25>100	Pass/Fail	Pass
					Next Step NA
Test ID	HIL061813-2	Result	NOEC=100, IC25>100	Pass/Fail	Pass
					Next Step NA

Toxicity Testing Data Summary

Client Hillsville

Permit # VA0089443

Sample 001

Test ID HIL062414-1	Result NOEC=100, IC25>100	Pass/Fail Pass	Next Step NA
Test ID HIL062414-2	Result NOEC=100, IC25>100	Pass/Fail Pass	Next Step NA

BIOLOGICAL MONITORING, INC.

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PH: 540-953-2821 FAX: 540-951-1481 WWW.BIOMON.COM



NELAC ACCREDITED LAB # 460015

Toxicity Testing Data Summary

Client **Hillsville**

Permit # **VA0089443**

Sample **001**

Test ID **HIL060915-1**

Result **NOEC = 100, IC25 > 100**

Pass/Fail **Pass**

Next Step **NA**

Test ID **HIL060915-2**

Result **NOEC = 100, IC25 > 100**

Pass/Fail **Pass**

Next Step **NA**